

Jefferson Parish  
Department Building Permits  
1221 Elmwood Park Blvd, Suite 101 Jefferson,  
LA 70123  
(504) 736-6957



Project # \_\_\_\_\_

☐ Examination Fee - \$75.00

Test Date: \_\_\_\_\_

RESIDENTIAL HOME IMPROVEMENT CONTRACTOR'S EXAMINATION APPLICATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
(No. P.O. Boxes)      Number      Street      City      State      Zip Code

Mailing Address (if different than business) \_\_\_\_\_  
Number      Street      City      State      Zip Code

Business Phone # (      ) \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address (required) \_\_\_\_\_

Driver's License #/State \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month      Day      Year

\*\*\*\*\*The examination fee is \$75.00 and must be paid upon submittal of the application\*\*\*\*\*

Checks should be made payable to: Jefferson Parish Pooled Cash

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

04/27/23

Jefferson Parish  
Department of Building Permits  
1221 Elmwood Park Blvd, Suite 101 Jefferson,  
LA 70123  
(504) 736-6957

Project # \_\_\_\_\_



☐ Registration Fee - \$200.00

NEW RESIDENTIAL HOME IMPROVEMENT CONTRACTOR'S LICENSE APPLICATION

License Holder's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
(No. P.O. Boxes)      Number      Street      City      State      Zip Code

Mailing Address (if different than business) \_\_\_\_\_  
Number      Street      City      State      Zip Code

Business Phone # (      ) \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address (required) \_\_\_\_\_

Driver's License #/State \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Applicant's Signature

- .....
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Applicant Signature | <input type="checkbox"/> Occupational License | <input type="checkbox"/> Sales Tax Registration Certificate |
| <input type="checkbox"/> Liability Insurance | <input type="checkbox"/> Workman Compensation | <input type="checkbox"/> Passed Examination                 |

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

04/27/23